

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1. SERIAL NO. **097701222**

2. FILING NUMBER

3. APPLICANT(S)

CLAIMS

4.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

5.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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